

QUESTIONS AND ANSWERS ON THE CHILD DAY CENTER REGULATION AND RELATED CODE

Code 63.2-1809.A. – Proof of Identity. When should an inspector destroy personal ID information? *First and foremost, inspectors are not to destroy any facility's records, that is the facility's responsibility. Second, as shown on the model form enrollment form, there is no need for a facility to photo copy any proof of identity documentation. All that is required is that there be documentation of a staff person having seen the proof of identity documentation. It is recommended that the staff person records (again, as shown on the model child registration form) the type of documentation submitted. It is highly recommended that the facility not photocopy proof of identity documentation. Since there is nothing prohibiting a center from doing this, facilities that choose to do so, need to ensure that such documentation is destroyed after the requisite period of retention (i.e., two years after the child has left the center).*

Please provide guidance concerning copies of Social Security cards of adults/staff and destruction thereof. *We have no authority to do anything about the social security numbers of adults because the Code of Virginia only pertains to children in care.*

22 VAC 15-30-10 - Definition of Balanced Mixed-Age Groups.

If a three-year-old leaves a balanced mixed-age group during the middle of the year, can this child be replaced with a five-year-old? *No group can have exactly 1/3 of each of the ages since children will turn different ages throughout the year. While the term "planned" was used to allow flexibility, there needs to be a commitment from the center to have 1/3 in each of the age groups. At times there will not be exactly 1/3 in each age group since children will have birthdays or a child may leave unexpectedly.*

Please clarify. Do six-year-olds have to be included to be considered a balanced mixed-age group? *This definition was based on the Montessori approach. Montessori requires approximately 1/3 of the children to be five years of age at the beginning of the school year - these children later turn six. Based on this intent, 1/3 of the children should be five in September. They will turn six later in the year.*

Will licensing staff look through each child's record for every child in a balanced mixed-age group to determine that the group is balanced? *While licensing staff may need to check each child's record, it is suggested that centers use a class roster that shows each child's date of birth. This will help operators maintain a balanced group as well as simplify the process for licensing staff to verify that there is a balanced mixed-age group.*

Can children from another room be included in a balanced mixed-age group when some of the children in the balanced group are not in attendance, such as at the beginning or end of the day? *This would not be allowed unless regular ratios are used. The definition means that a set group of children are together for a set period of time.*

Can a two-year-old child who will be three years old by October 1 be enrolled in a balanced mixed-age group? *The definition of a balanced mixed-age group states that the program needs*

to be for three-through five-year-old children. Public schools have allowed a 30 day leeway so four-year-old children who will be five by September 30 can attend kindergarten during September. Based on this precedent, a two-year-old child who will be three by September 30 is allowed to attend a balanced mixed-age group during the month of September.

22 VAC 15-30-10 – Definitions: Programmatic Experience. Does programmatic experience have to be paid? Can it include babysitting a group of children outside of their homes in an unregulated situation? *Unpaid programmatic experience can be counted. For Program Directors the programmatic experience must be in a child day center (regulated or unregulated).*

For Program Directors, if they are seeking qualification based on their educational background (230.A.1-4) then the programmatic experience does not need to be supervised. If they are seeking qualification based on experience (230.A.5) then the programmatic experience must have been supervised in a center that offers a staff training program (230.A.5.a).

For Program Leaders, if they are seeking qualification based on their educational background (260.A.3) then the programmatic experience does not need to be supervised. If they are seeking qualification based on experience (260.A.4) then the programmatic experience must have been supervised.

22 VAC 15-30-10. Definitions. Describe indoor resilient surfacing. *The rubber mats/tiles shown in the chart on pages 6-7 of the National Program for Playground Safety’s “Selecting Playground Surface Materials: Selecting the Best Surface Material for your Playground” would be an example of resilient surfacing that could be used indoors. Otherwise, there is no distinction in the standards between indoor and outdoor resilient surfacing.*

22 VAC 15-30-50-C - Interviews with Children. Must licensing staff have parental permission to have a private interview with a child when there is suspected child abuse or neglect? May licensing staff accompany a child protective service worker when he or she has a private interview with a child? *This standard is a requirement to notify the child’s parent before licensing staff have a private interview with the child. Current licensing policy for private interviews with children will remain the same. This means licensing staff do not need to obtain parental permission when they interview a child with a child protective service worker. If a child protective service worker is not involved, licensing staff shall attempt to obtain parental permission before interviewing the child. If this is not possible and the situation is of high risk, the interview could still occur. Be sure to provide supporting documentation. If licensing staff obtain parental permission for a private interview, the center would not need to notify the parent. Licensing staff can document the parent’s permission in the center’s record.*

22 VAC 15-30-80.A. 5. Children’s records. Clarification—Custodial parent: (Parents are convincing centers that they have full custody and other parent may not be notified). *The Code of Virginia, §22.1-4.3, requires inclusion of a non-custodial parent as an emergency contact for a child enrolled in a center, upon the request of the non-custodial parent, unless a court order has been issued to the contrary. This would be in addition to the two (2) additional emergency contacts referenced in 80.A.5.*

22 VAC 15-30-80.A.6. Parental Agreements. Do school bus drivers need to be listed on the agreement as a person the child can be released to?

School bus drivers do not need to be listed on a release agreement form. If a child is to be released to a school, then an agent approved to receive children from a daycare can do this.

22 VAC 15-30-90.A.4. Staff Records. What documentation is needed for a high school or college degree? *If a person attended college there is no need to view documentation of a HS diploma. The center must verify and document that its employee graduated from high school or has obtained a GED. This could be documented by obtaining a transcript, a copy of the diploma, or a staff person signing that he/she called the appropriate educational authority and verified graduation.*

Could driver qualifications be covered under 90.A.4 ? *The standard requires written documentation of any certifications; this would include a valid driver's license. However, the lack of disclosure of moving violations should be cited under 200.D.*

22 VAC 15-30-110-A.1 - Authorization for Emergency Medical Care. Is it necessary for a parent or guardian objecting to emergency medical care to state this in writing? *If there is an objection to seeking emergency medical care, a written statement should be obtained from the parent or guardian that states their objection and the reason for their objection.*

22 VAC 15-30-110.A.3 - Authorization for Emergency Medical Care. If a center has the parent's signature that he/she will inform the center of a reportable communicable disease, but the parent does not do so, should a violation be issued? *No. As long as the parent signed a statement saying they would do so, a violation should not be issued.*

22 VAC 15-30-120-140 – Inclusive Child Care. How can child care centers be better inclusive child care settings? *1. Embrace the concept of inclusive child care. Inclusive child care settings are ones in which all children, those with and without disabilities, have an opportunity to play and learn together. It is one in which the special needs and interests of each child, including those with disabilities, are addressed. 2. Know as much as possible about the uniqueness of **each** child in the group. One way to accomplish this is to request a completed survey from **each** family upon entrance of the child into the program. 3. Become a child development expert. Expertise in child development helps staff plan appropriate experiences for children, plan for and reinforce skills in areas where children with disabilities have age-appropriate development, and know when to seek special help for children. 4. Learn about disabilities. The child's family and other professionals who work with the child are great resources for information about specific disabilities. 5. Take advantage of resources available in the community. With parent's permission, center staff should expect and request information and assistance from the local early intervention for infants and toddlers program staff and from special education staff. In addition, if a physical or occupational therapist is providing therapy at the center, staff are encouraged to ask for ideas about how to reinforce within the normal day-to-day routine what the therapist is doing with the child.*

22 VAC 15-30-150.A – Vaccinations. Are children currently enrolled in licensed child day centers required to be immunized for chicken pox? If so, what if their parents refuse? *The Code of Virginia, at §32.1-46 states: "All children born on or after January 1, 1997, shall be required*

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to receive immunization against varicella zoster (chicken pox), not earlier than the age of twelve months.” Documentation of immunization must be submitted prior to enrollment and signed by a physician, his designee, or an official of a local health department. For those currently in care, additional immunizations shall be obtained according to the requirements at 22 VAC 15-30-150.

If a parent submits an affidavit to the provider that immunizations conflict with the parent’s religious tenants or practices, the child does not have to be immunized. Further, if there is laboratory confirmation that the child is immune to chickenpox or there is a reliable medical history of the child’s having had chickenpox, the child does not have to be immunized. The child does not have to be immunized if a physician or local health department official states that the immunization may be detrimental to a child’s health.

22 VAC 15-30-170.A. Physical Examination and Immunization Report Form. What do we do about doctors’ refusal to sign or use the Health Department’s immunization and/or physical form? *This standard states that a doctor may use his or her own form for immunizations and physicals as long as he or she signs it.*

22 VAC 15-30-170.B - Immunizations and Physical Examination Reports. Are computerized forms that are not signed acceptable? *In this situation, the computer form should be attached to the MCH 213 form and the physician or his designee should sign the MCH form.*

22 VAC 15-30-180.A. - Tuberculosis screening for staff and independent contractors. Would TB test be required for book mobile personnel where there is a routine schedule for the book mobile to come to the center? Would they be considered independent contractors? *This type of activity should be equated to a field trip to a local library. Since the librarian (bookmobile driver) is not in control of any children then he/she would not be considered a volunteer and would not need a TB test. If the role of the librarian (bookmobile driver) changes then his/her classification might change to volunteer status and thus need a TB test.*

22 VAC 15-30-180.B.1 - Tuberculosis screening for staff and independent contractors. Will the center’s RN be allowed to complete the TB clearance statement if the physician has declared the RN as his/her designee in writing? *A “physician’s designee” means a physician, licensed nurse practitioner, licensed physician assistant, licensed nurse (RN or LPN), or health assistant acting under the supervision of a physician. The authorization should include that the designee is acting under a specific physician’s supervision.*

22 VAC 15-30-180.C - Tuberculosis screening for staff and independent contractors. Does the “date of the first screening” refer to the date the test was administered or the date of the evaluation? *This refers to the date of the evaluation.*

22 VAC 15-30-180.D - Tuberculosis screening for staff and independent contractors. What should we do if a person tests positive to the TB test but the person does not have active TB? What if the doctor states the person does not need an evaluation for four years? *Every two years the person would need to submit documentation from a physician, his designee, or an official of the local health department that there is a contraindication to the Purified Protein Derivative (PPD) and that the person has been determined to be free of communicable tuberculosis.*

22 VAC 15-30-200.B.1 – Records. How should falsified records, such as staff TB testing and training be handled? *Cite this violation under 22 VAC-15-30-200B.1 which states that: “Staff shall be: of good character and reputation....”*

22 VAC 15-30-200.D. Moving Traffic Violations. Once traffic violations are disclosed, at what point would these moving violations affect whether or not the staff person can continue transporting the children? If a DMV check is done, does the licensee still need to ask the applicant/staff person for more information? *This standard does not stipulate what should be done with the information received. If there are several high risk traffic violations the inspector may want to consider citing **Standard 430.A** – “staff ... shall ensure ... protection” Because the DMV report will not have moving traffic violations in other countries, or possibly other states, the licensee needs to ask an applicant/staff person to disclose all moving traffic violations regardless of having obtained a DMV report. However, if they do not have a valid driver’s license then standard 90.A.4 would be violated.*

How must the center document the follow-up of traffic violations and how often? *If a staff person’s responsibilities include driving, it is expected that the application will ask the applicant to disclose moving traffic violations. The requirements of this standard must be communicated (e.g., in the application, staff handbook) in writing to staff who transport children. There is no requirement for on going reporting or documentation; however, providers should be encouraged to periodically ask that this information be updated. A DMV check would certainly ensure that any moving traffic violation information submitted by an applicant or staff person is complete and accurate. The standard will have been violated if there is no documentation that the staff who transport children have disclosed whether or not they have had any moving traffic violations during the 5 years prior to or during employment or assignment as a driver. Disclosure of moving traffic violations must be noted.*

22 VAC 15-30-230.A. Program Director Qualifications. What about director’s who currently have Allowable Variances (AV) to the standard? Do they become null with the new standards? *Each one will need to be reevaluated to determine if it is still applicable. In many instances the new standards will address a director’s situation. If not, then a new AV might need to be submitted by the provider for consideration by the field office. If the field office recommends approving the AV, it shall be sent to the Home Office for a final assessment.*

What will be the home office’s stance on granting Allowable Variances (AV) to this standard? *AVs will be evaluated using the current criteria (e.g., hardship, the assurance of children’s safety, and equity or fair competition aspects), and evaluated individually.*

22 VAC 15-30-230.A.2. Qualifications. Will the Home Office develop guidance on what constitutes a child-related field for an acceptable degree and what constitutes child-related subjects for the option of hours without a degree? *No. There are just too many to list. Contact the Home Office if you have any questions regarding whether a course or degree is child related. The general rule is that if a course or degree is focused on enhancing a person’s ability to work with children then it will be considered child related.*

Does the elimination of “accredited” college in the standard regarding Program Director qualifications mean that any degree or endorsement is acceptable? *No. A graduate or bachelor’s degree, or endorsement in a child-related field from a college or university will be acceptable, even if the college or university is not accredited. “Degrees by mail” will only be accepted if there is documentation that the courses are taught by knowledgeable instructors and there is a formal system to assess the student’s comprehension of the subject.*

22 VAC 15-30-230-A.4.a - Program Directors with a One-Year Early Childhood Certificate. Another state offers a “child care technician” certificate consisting of 56 quarter hours. Does this certificate meet the education qualification in this standard of a “one-year early childhood certificate...”? *Licensing staff will evaluate these types of certificates on a case by case basis using the requirements outlined in 4.b.1-4.*

22 VAC 15-30-230.A.4.b. Program director qualifications. Can home study courses count towards the 120 hours requirement? *A home study course that meets all of the requirements of 230.A.b.1-4.a-d (specifically, but not limited to, the competency in a classroom setting) would be acceptable for a “child development credential”.*

22 VAC 15-30-230.A.5. - Supervisory Capacity. How are we defining “supervisory capacity”? Is supervising an assistant in a classroom all right? *“Supervisory capacity” appears together with “staff” in the referenced standards (program directors must have 1 year in a “staff supervisory capacity”). Persons in a staff supervisory capacity oversee the work performance of other staff. Supervision of an assistant in a classroom by a program leader would be considered functioning in a staff supervisory capacity. Unless expressly prohibited elsewhere in the standards, the supervisee may be in a different room or area of the building. The supervisor must have some time available for actually observing each supervisees performance and discussing same with each supervisee.*

Note that Standard 430.D limits the number of aides a program director or program leader may supervise to two.

22 VAC 15-30-230.A.5.a - Program Directors with only a High School Diploma. These directors need programmatic experience in a center with a training program. What is a “staff training program”? How will this be reviewed by licensing staff? Can compliance with this standard be transferred if the staff person leaves and goes to another facility? If yes, what kind of documentation is needed? *To meet the staff programmatic experience requirement, the center must have a staff training program that includes the subject areas of first aid, human growth and development birth to age 12 years, and behavioral management of children. The training must be completed by the employee and documented by the center. Components of a training program include that it is recognizable as a program and have specific goals for training events, as well as a process for assessing or evaluating if the training program meets these goals.*

Because the standard makes specific reference to a “staff training program,” it is implicit that the program does not merely consist of what is currently required by other standards, such as

obtaining annual training. 22 VAC 15-30-230.A.5.b requires at least 120 hours of training in addition to other credential requirements and three years of experience.

Centers may choose to complete the form developed by the Division and request review by licensing staff. At the bottom of the form, licensing staff can state whether the training plan meets the requirements of 22 VAC 15-30-230.A.5 and return the form to the center. If used, this completed form, or a copy of the form with a note of where the original is kept, needs to be in the staff person's record as required by 22 VAC 15-30-90.4.

The training must be in human growth and development birth to age 12 years - what if a center only serves preschool children or school age children? Since 22 VAC 15-30-230.A.2 allows for an endorsement or degree in elementary education and recreation, the staff training may be focused on elementary age children. The stipulation is that the training program must focus on all the age groups being served.

What documentation is needed to verify that a home school program was approved by the state? Documentation of this approval should be in the staff person's file. In Virginia, a parent who elects home instruction in lieu of school attendance must notify the superintendent in August of intent to do so for the coming year. Some superintendents will provide these parents with documentation of their acceptance of the home school program. If letters of acceptance are not routinely given, a superintendent should be able to provide this verification upon request. If there is difficulty obtaining this documentation, or if the home school program occurred outside Virginia and there is no documentation of approval, contact your licensing inspector for further guidance.

Parents who home school in Virginia must submit by the following August 1 evidence of the child's academic achievement. Local school boards in Virginia usually do not award diplomas to students who are not enrolled in local public schools under their supervision. Therefore, students taught at home may not receive diplomas unless those students are enrolled in a correspondence program or other program that includes awarding a diploma or other exiting credential. The Department of Education may approve certain correspondence schools. If a particular correspondence school is not approved by the Department of Education, the local superintendent may still possibly approve the correspondence school.

22 VAC 15-30-230.A.5.b - Program Director Qualifications. Under the program director standard, where does the 120 hours of training come in and to whom does it apply? If someone is hired after 6/06, would that person be required to get 120 hours of training? If so, during what time frame? *See Appendix A.*

22 VAC 15-30-230.A.6 Program Director Qualifications. All directors hired before 6/1/05 will have four years to obtain a child care credential. Doesn't the other part of the standard also allow the director to choose to obtain three semester hours of college courses related to children until meeting a qualification option? This option could take more than four years to complete. *It is understood that the pursuit of a bachelor degree on this schedule could take longer than 4 years to complete. However, the requirements for such a degree are greater and thus more time*

is allowed to obtain it than a child development credential, hence the extra time to reach this higher level of education. See Appendix A for more details and other exceptions.

22 VAC 15-30-230.B. Management Training. Can a facility create its own management training? Is the 10 hour management training requirement applicable to programs like Head Start where the director may not have a need to know about budgeting? *A facility may construct its own management training provided it meets the criteria outlined in the standards and is documented accordingly. Reference the “Criteria for Provider Training” document (Appendix C). Many Head Start programs do require their directors to do some forms of budgeting (e.g., supplies, snacks) – or directors may either subsequently acquire responsibilities or seek a position that does involve budgeting responsibilities*

Who can conduct the Management Training? *Anyone who provides a 10 clock-hour minimum curriculum or course that satisfactorily covers the management functions of planning, budgeting, staffing and monitoring (per standards). Reference the “Criteria for Provider Training” document (Appendix C).*

Are management experience and management training synonymous? *No. Management experience is defined as at least 6 months on-the-job training in an administrative position that requires supervising, orienting, training and scheduling staff. The training requires planning, budgeting, staffing, and monitoring.*

Does working as an Assistant Director count as Management Experience? How does this sort of experience need to be documented? *Working as an Assistant Director can count as Management Experience if the Assistant Director has had the same experience as a Director but just did not have ultimate authority or responsibility. It would also be assumed that the Assistant Director may not get credit for all of his or her hours of experience because the management responsibilities would have been shared with the Director and because the Assistant director often would have had additional, non-managerial duties. Each situation would need to be evaluated individually to determine what percentage of the hours should be counted.*

Can we (VDSS) do an In-House management training class (10 hours)? *Any type of management training offered by VDSS would be developed and offered by the Division of Child Care and Development, not Licensing.*

Head Start staff receive their orientation training from the central office and not from a program director. How will this affect the requirement for management training for the Program Director? *If the Program Director does not have experience in orienting staff then the PD would need to complete one college course in a business-related field, 10 clock hours of management training, or one child care management course that satisfactorily covers the management functions of (1) planning; (2) budgeting; (3) staffing; and (4) monitoring.*

22 VAC 15-30-260.A.4.a - Program Leader Qualifications. Program leaders with only a high school diploma need the required hours of training within the first month. Will there be guidelines on what is acceptable? Can a director provide this training? *The training must cover the areas listed in the standard and be delivered by a qualified trainer or training program (e.g.,*

Whole Child videos). After learning the information required by the standards, a director can decide whether he or she has the expertise to conduct the training. Reference the “Criteria for Provider Training” document (Appendix C).

How should the required hours of training be documented? Documentation of training should include: title of training or topic, instructor, place of training, date of training, and number of hours of training. The training hours should be documented in such a way that one can determine whether the training hours should be applied to the number of hours required to qualify as a Program Leader or towards the required number of annual training hours.

Is Program Leader training transferable between centers? In terms of a Program Leader who has completed his or her required hours of training at one particular center leaving to accept a Program Leader position at a separate center, the training hours can be transferred. As long as the individual can provide adequate documentation of his/her training, it is up to the next employer as to whether the new center requires any additional “in-house” training that exceeds the minimum training requirements as regulated by our standards.

How do we apply 260.A.4.a to long term employees who have obtained this training/experience over a period of years? If a person is promoted to Program Leader, then he/she must have the 12 hours of training required by the standard within the 6 months prior to being promoted or within 30 days after being promoted. A Program Leader will not need to redo the 12 hours of training if he/she transfers to another facility as long as he/she has documentation that he/she was qualified at the previous center.

22 VAC 15-30-290.C – 13-Year-Old Volunteers. *What records are needed for 13-year-old volunteers? According to 22 VAC 15-30-50-K, if the 13-year-old volunteer is considered a child receiving supervision, the requirements for children which include children’s records would need to be met. If the 13-year-old child is considered a volunteer, no records are required. Note: child volunteers 13 through 15 years of age who work with children cannot be considered an aide or a staff member since the minimum age requirement for aides is 16 years.*

22 VAC 15-30-310.C. Staff training and development. *Can home study courses count towards staff development requirement? Reference the “Criteria for Training” document of 02/13/02 for general guidelines in determining which training should be counted toward meeting the requirements as set out in the regulations. Anyone interested in a credential should contact the credentialing agency.*

Does “shall attend” rule out videos? What about reading a book? A video may be used if there is discussion of the video and someone knowledgeable of the topic is present for the discussion. A video may also be used as part of a group activity, if a knowledgeable person is present for the discussion. Also, the Division of Licensing Programs-sponsored T.V. training is acceptable when the Division has determined that assignments have been satisfactorily completed. It is acceptable to read a book on a topic identified in this section as part of a structured in-service training conducted by a trainer knowledgeable of the topic.

If a staff member has not attended the required amount of annual training for several years, what is he or she required to do? *The staff member would need to attend training to make up the “missing” hours of training. Licensing staff may address this situation through an action plan or an intermediate sanction.*

What date should be used when calculating the number of hours for annual staff training, hire date or the date of implementation of this standard? *Every staff will need to have 10 hours of training by their anniversary date if it falls after June 1, 2005. The number of hours will increase until 2008, but the way they are calculated shall remain consistent.*

Standard 310.C.5.a excludes vehicle drivers from the annual training requirement. It seems as if cooks, who never work with a group of children, should fall under this standard. *If a cook does not work directly with children at the facility then he or she would not be required to meet the annual training requirement outlined in the standards. A cook may need to take some form of training required by the Health Department or in order to keep his or her food handlers card. Also, cooks may be encouraged (but not required) to attend training sessions on meeting children’s nutritional needs, since this is a key element in their duties and responsibilities.*

22 VAC 15-30-310.C.4 – Staff Training and Development: DHO Training. May Daily Health Observation training count toward the required hours of annual training? *No, training in Daily Health Observation may NOT count toward the required hours of annual training.*

Can training in balanced, mixed-age groups and CPR count as part of the required hours of annual training? *Training that is taken to meet the requirements of 22 VAC 15-30-440- E.7.c may not also be counted as part of the required annual training hours. The abovementioned training may be used for meeting the requirements of one of the standards but not for both of the standards. If a staff member initially takes the above- mentioned training for annual training and is later required to have this training to meet job responsibilities, it would not be necessary to repeat the training, but other training would need to be taken to accumulate sufficient hours for each purpose. Standard 310.C.4. states that up to two hours of training in first aid or cardiopulmonary resuscitation may counted as staff development activities.*

22 VAC 15-30-310.C.5.b Staff training and development. The standard for training requirements for cooperative preschools is unclear. Parent volunteers at parent cooperatives are counted in the staff-to-children ratios. Will they be required to meet the required hours of annual training for regular staff? *There is now an exception that deals directly with cooperative preschool centers. 310.C.5.b states “Parents who participate in cooperative preschool centers shall complete four hours of orientation training per year.” 310.A.1-6 details the training required by the end of a staff member’s first day of assuming job responsibilities.*

Does standard 310.C.5.b apply to all parents who participate or only those that supervise/work with children? *This is referencing parents who participate in a cooperative preschool who are counted in the staff-to-children ratios or work with a child without sight and sound supervision of a staff member.*

22 VAC 15-30-310.D.1 - Medication Administration Training. Will a sample medication training curriculum be developed that can be used by RNs, LPN, physicians or pharmacists when presenting this training? Is the Division going to offer medication management training? If not, what should a center do if it is having trouble finding a LPN or RN to do the training? *We will be working with the Training Unit, Licensing staff, and the other departments to design this curriculum. As soon as we have something to distribute it will be sent to the field. This will be a labor intensive process, so one should not expect it quickly. Note, this does not become effective until June 1, 2007. The Division will be offering Medication Training before the standard becomes effective.*

Who do organizations contact if they want to submit a medication training policy? *Medication administration training courses that have not been approved by VDSS should be submitted to the Division of Licensing Program's Children's Health and Safety Consultant, in the Home Office, for approval.*

22 VAC 15-30-310.D.2.c. Medication Administration Training. Can a center "opt out" of medication training if it does not administer medication? What about ADA? *A center may opt out of administering medications that are not required to be administered by law. Centers should be encouraged to seek advice as to what is required to meet the ADA requirements concerning medications. If a facility does not administer any medication then it will not need medication administration training, but if the center ever chooses or is required to administer medication there must be a staff person present who is trained to administer that medication. Therefore, it is advantageous for centers to train at least one person in case it is all of a sudden required to administer a medication (e.g., an enrolled child is brought to the center one morning with a medication required by law to be administered by the center).*
If only doing ointments, etc., do you need to have medication administration training?
Medication training is not required to administer ointments unless it is a prescription ointment, and then it would be required.

What medications are required by law to be administered? *There are none required by law. Standard 310.D.2.c refers to "medications ... required ... by law." This reference was intended to legally protect providers who would respond to a life threatening or emergency situation by administering medications that they would not normally administer (i.e., "the good Samaritan Act").*

22 VAC 15-30-310.D.3. - Interim Medication Administration Training. What's interim training for medication administration training? How many hours will it be? How do you get annual practice? Who supervises this? *We will be working with the Training Unit, Licensing staff, and the other Departments to design this curriculum. Once the curriculum is developed, these questions will be answered.*

Are we going to have some more specific enforcement guidelines regarding the medication training until 2007? *No additional enforcement guidelines are necessary, as the standards are specific about who must be trained, who can deliver the training and the content. There is no phase-in period for this standard.*

Does the training for meds, 310.D.3 from now until June '07 need to be approved by our department? *There is no requirement for approval by the department. Staff may wish to review the content of the training prior to delivery as a courtesy. Compliance determination would include viewing evidence that the areas outlined in the standard were covered, and that the persons designated in the standard provided the training. Also, written confirmation would be needed that persons who administer medications, both prescription and over-the-counter, have completed the training.*

Can rescue squad/fire department personnel continue to train centers on the use of epi-pens (etc.)? *Unless they are an RN, LPN etc., the training will no longer be acceptable.*

22 VAC 15-30-310.D.4. - Emergency Medications. When referring to Albuterol as an emergency medication, is it always considered an emergency medication as in any Albuterol prescribed for a child or only when specifically prescribed as emergency medication? *It is possible that Albuterol may be prescribed for a child on a regular basis, e.g. twice a day, rather than for use only in an emergency. The prescription label or doctor's order will determine whether or not it should be used only as an emergency medication.*

22 VAC 15-30-310.D.6.d-e. - Daily Health Observation. Since there are new components of the Daily Health Observation (DHO) requirements (e.g., OSHA, reportable diseases), when will providers need this to have the new requirements completed? Does the daily health observation need to be done by doctor, nurse health professional? Are we now requiring staff to have Hepatitis B vaccinations? *There is no delay in the implementation of this standard; therefore it must be enforced June 1, 2005. As of March 2005, the Daily Health Observation (DHO) training curriculum provided by VADSS includes these new components. As with all training, the Daily Health Observation training must be conducted by a person who is knowledgeable in the topic (e.g., a physician, R.N., L.P.N, pharmacist or health department medical personnel). If the person providing the training is not one of the health professionals listed in the previous sentence, then documentation of the person's credentials must be provided. Our standards do not require staff to have Hepatitis B shots. Although the DHO training must cover portions of the OSHA regulations, the Division cannot enforce OSHA regulations as they apply to the center as an employer.*

22 VAC 15-30-330-C.1 - Asbestos Statement. Will the required asbestos statement be different than the statement used with the prior regulations? *Yes. The asbestos statement required from the inspector will remain the same. However, the center will be required to provide a written statement that it will follow the plan. There are suggested formats for these statements. Statements in other forms (such as a letter) can be acceptable as long as all the required information is included. Refer to the copy of the asbestos law for what is required in the statements or to the asbestos package. Centers need to follow the management plan accurately.*

Where asbestos is present, will just the signed statement meet the standard or do periodic inspections need to be done? *In order to comply with the asbestos law and the standard, there is still a need to follow the requirements of the management plan. If the management plan requires periodic surveillance reports, the center must provide them. Not all management plans will*

require this. During inspections, licensing staff have the option to review the management plan to determine if the center is complying with the law.

The new standards do not have the requirement that a center must have documentation from a licensed asbestos contractor for any asbestos removal. This requirement is not in DSS asbestos law. Other state and federal laws require that only licensed abatement contractors remove asbestos material. If there is a need to have asbestos removed, licensed asbestos contractors must do the work. This will ensure that all state and federal laws are followed.

If asbestos has already been removed, but there is not sufficient documentation of this or it was not done by a licensed contractor, the only way to document that all asbestos was removed is to have a licensed asbestos inspector and management planner return to the center to verify that it is asbestos free. DSS law states that only licensed inspectors and management planners may determine whether asbestos is in a building.

22 VAC 15-30-340.A - Areas and Equipment Clean, Safe and Operable. This standard no longer references “objects small enough to be swallowed.” Are these small objects now allowed? 22 VAC 15-30-500.B. requires materials and equipment to be (a) an appropriate size for the child using it and (b) age and stage appropriate. Licensing staff will use discretion on citing a violation regarding small objects.

Are licensing inspectors to cite rust and peeling paint on metal equipment? *Yes, cite rust and peeling paint on metal equipment as a violation of 22 VAC 15-30-340.A that states : “Areas and equipment of the center, inside and outside, shall be maintained in a clean, safe and operable condition.” Paint, especially paint dating earlier than 1978, could contain lead, which can put children at increased risk for lead poisoning. Rust can reduce metal’s integrity.*

What, if anything, can be done with wooden equipment that has splinters? *Cite this hazard under 22 VAC 15-30-340.A. Inform center staff that rough, splintered wood might be able to be sanded enough that there are no longer splinters.*

How should inspectors handle the safety hazard of large tree roots, stones, drain pipes, etc., that are now exposed due, in part, to erosion? Should they be cited? *First identify the hazard, e.g., exposed drain pipe could pose a tripping hazard or exposed root in use zone of climber could be struck by a child in a fall from the climber. Then cite these types of safety hazards under 22 VAC 15-30-340.A: “Areas and equipment of the center, inside and outside, shall be maintained in a clean, safe and operable condition.”*

Standard 500.C.3 specifies play equipment. What about the metal gates/fences that have long protruding bolts and protruding wire? *Cite a hazard such as this under 22 VAC 15-30-340.A: “Areas and equipment of the center, inside and outside, shall be maintained in a clean, safe and operable condition.” Standard 22 VAC 15-30-500.C is specific to playground equipment only.*

Is it safe to use polyvinyl chloride (PVC) pipe as a containment barrier/border? *It has been documented that in temperatures less than 32 degrees Fahrenheit, PVC pipe can become brittle and break into pieces. Additionally, if the pipe is hollow, it is more likely to break if jumped on,*

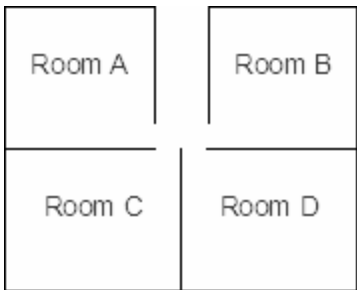
or kicked, etc. Being hollow also increases the likelihood that the pipe will easily move, necessitating some measure to stabilize it, such as staking it, or filling it with sand., etc.

Consequently, inspectors should consult with providers who are considering the use of PVC pipe as a containment barrier/border option, or who are already using it, to alert them to the risks of using it as a containment barrier/border on the playground. If PVC pipe is currently being used, it should be routinely monitored for breaks and cracks that could expose sharp edges. If these develop, cite the violation under 22 VAC 15-30-340.A, which states that: "Areas and equipment of the center, inside and outside, shall be maintained in a clean, safe and operable condition."

22 VAC 15-30-340-E - Drinking Fountains. Does the term "accessible" mean children can get to water at all times? Is it necessary for centers to take water with them when children are playing outside? *Children must have access to water at all times. There are numerous ways drinking water can be accessible during outside play time such as staff taking water and cups outside, having a water fountain outside, or having staff available to take children inside to get water.*

22 VAC 15-30-350.B. - Hazardous substances and other harmful agents. Would toilet tank and bowl cleaners that hang inside the tank or bowl be considered unsecured chemicals in a CDC? *Since the sanitizers and cleaners contain potentially harmful chemicals and are accessible to the children via the water in the bowl, they should not be used in centers.*

22 VAC 15-30-380.A and B. Areas. How should space calculations be done? How should a center's capacity be calculated? *The standards clearly state that infant space is to be calculated separately and how it should be done (e.g., using 25 or 35 square feet). There has been some confusion on how to calculate the capacity for the remaining space. Since the remaining children all need at least 25 square feet (or 35 square feet in a building that is licensed as a CDC for the first time on or after June 1, 2008 or any new addition to an existing CDC occupied on or after June 1, 2008), there is no need to separate them into age groups for space calculation purposes. However, each room available for use by children is to have its capacity calculated separately. Closets, bathrooms, counters not used by children and hallways located within a room are not to be considered in the space calculation. Once the square footage of the classroom has been determined, it is to be divided by 25 (or possibly 35). Since each child needs the fully allotted square footage, there can be no rounding up for capacity. So, if the room can hold 5.75 children, then the capacity of that room would be 5. Once the capacity of each room is determined, the total capacity of the center can then be calculated by adding the capacity of each room. For example, if the four rooms used for child care can contain 9.75, 10.75, 11.75 and 12.75 then the capacity of the center would be 42 (9+10+11+12=42). The premise is that a child cannot use space that is not in the room he or she is occupying.*

	Square Footage	# of Children	Capacity Calc.	
Room A	243.75	9.75	9	
Room B	268.75	10.75	10	
Room C	293.75	11.75	11	
Room D	318.75	12.75	12	
Center Capacity Using 25 ft² for Non-Infant Space			42	

Clarification is needed that this method is for determining overall capacity and not to limit capacity in individual rooms. *It is the department's expectation that children are afforded their 25 square feet the majority of their time at the center. The expectation is that the capacity of any given room not be consistently exceeded. For example, if a center has a capacity of 100 children, 50 of which would occupy a multipurpose room when at full capacity, those 50 children should not be crammed into other rooms for an extended period of time.*

22 VAC 15-30-380. E. Playground. Is there any way to deny an application for a center license when there is no facility playground? We have had several centers open in a strip mall and the facility plan is to transport children to a playground for outdoor play. Frequently we have had to cite as a violation the failure to provide the outdoor play. *On-site playgrounds are not required. The Division of Licensing Programs cannot deny licensure based upon a lack of an on-site outdoor activity area. However, the facility must have a feasible plan for providing outdoor play time as required for each age group.*

22 VAC 15-30-380. G. - Space for Ill or Injured Children. Does the new regulation still have a requirement to have separate space for children who are upset or tired? *While not specifically required, 22 VAC 15-30-451-C states children shall be allowed to sleep or rest as individually needed.*

22 VAC 15-30-410.B - Resilient Surfacing. How is six inches of resilient surfacing determined? How should resilient surfacing be maintained? How can six inches of resilient surfacing be kept under swings or the bottom of slides? *Dig with a trowel or other instrument. Take a measurement with a calibrated measuring device, at least 10 inches in length. Take at least 2 measurements in the fall/use zone of each piece of equipment, and more if topography dictates. For instance, if the surfacing beneath/around a piece of play equipment, e.g., a swing, slide, climber, seesaw, etc. looks low, take a measurement there and/or in the other spots that appear low. For composite (multi-station) equipment, take at least 2 measurements in the fall/use zone of each functional piece of equipment, e.g., slide area, climber area, etc. If a measurement is obtained that is less than required, cite this under Standard 22 VAC 15-30-410.B, noting the measured depth, and providing a description of the applicable piece of equipment, e.g., resilient surfacing at the end of the slide located in the toddler playground had a depth of 3 inches (less than required). Record the actual measured depth(s) in inches.*

To assure that the required amount of resilient surface is maintained, it may be necessary to rake the resilient surface after each playground use. Having a system for regular raking is important since children have been seriously injured from falls onto an inadequate resilient surface. This maintenance of resilient surfacing could also be a learning experience for children by having them help rake the resilient surface with child size equipment. In addition to raking, “wear” mats are also acceptable in combination with a loose fill resilient surface under swings or at the bottom of slides to help assure a safe surface.

Regarding fall zones, the standard requires the fall zone to: “encompass sufficient area to include the child’s trajectory in the event of a fall.” Different types of equipment would allow different lengths of trajectory. The fall area of two stationary pieces of playground equipment that are positioned adjacent to one another may overlap if they are located a minimum distance of six feet apart. The final decision must be made based on the specific playground equipment in use.

Can an approved resilient surface be placed over top of asphalt or concrete and still be acceptable? Loose-Fill surfacing materials may NOT be used overtop of concrete or asphalt. If a “poured in place” or rubber mat/tiles surface is designed to be installed over asphalt, concrete, or other hard surface and still meets the requirement for resilient then the surface is acceptable.

How do we assess some of the newer materials such as WOODCARPET®, FIBAR SYSTEM 300®, Sof® Play®, Inc., etc., and rubber tiles and poured in place rubber surfacing for resiliency? WOODCARPET®, FIBAR SYSTEM 300®, Sof® Play®, Inc., etc. are considered engineered wood fibers and their shock absorbing capabilities have been tested. Persons wishing to install these materials should request test data from the manufacturer identifying the critical height of the desired material.

Are we expected to obtain a statement from a local mulch distributor that its wood chips or mulch meet ASTM standards? Does mulch fall under definition of wood chips or engineered wood fibers? The key to determining the acceptability of a resilient surface is to assess how well it meets the definition of a type of surfacing in the chart found in the National Program for Playground Safety (Figure 2). If a product does not fall under one of the definitions, then documentation of it having been tested for the specific critical height of the equipment according to ASTM standards needs to be provided. All poured in place, rubber mats/tiles, and shredded rubber surfaces must have documentation of have an ASTM critical height rating. The category of “sand” referenced in Figure 2 is applicable to all forms of sand.

What is an acceptable correction plan/date for playground violations? If a playground has violations, the only acceptable “Plan of Correction” is that the area or equipment for which the violation was received will not be used again until the problem is corrected. This would take effect immediately.

Are tot swings required to have resilient material? Some are enclosed in small areas. All playground equipment that can be climbed upon or has moving parts shall be located over resilient surfacing.

What will be the fall zone for tot swings? *Figure 3 of the National Program for Playground Safety brochure accompanying and referenced in the standards says that the fall zone for swings should be twice the height from the pivot point to the ground in front of and behind the swing and 6 ft on each side. If adequate documentation is provided that states a smaller fall zone is sufficient, an AV may be approved.*

The critical height/ resilient material depth chart doesn't clarify if mulch falls in the wood chip category. How would we determine the accurate height of swings at schools where the swings are too high to measure? The critical height chart only goes up to eight feet. Does the resilient surface depth change above this point? If so, how do we determine it? *Mulch falls into the wood chip category. Since "mulch" does not have a specific definition, the inspector will need to determine whether the mulch being used fits the definition of "wood chips." Some forms of "mulch" contain pieces of wood (e.g., large branches that were not adequately processed into twigs) that make it unsafe as resilient surfacing. Such mulch would not fall into the "wood chip" category.*

The inspector must determine the critical height of the equipment in question. If the equipment's critical height is greater than the maximum height on the chart (Figure 2, Appendix VII of the regulation), then the provider will need to request that the manufacturer of the equipment (if known), or a playground surface manufacturer, or a qualified playground expert (e.g., a certified playground inspector) determine the type and minimum amount of surfacing needed to protect children from serious injury.

Do the steps to a piece of equipment need resilient surfacing? What about steps to a playground or between two or more playgrounds? *Steps on or attached to play equipment need resilient surfacing. However, steps to access a playground do not.*

What about the guardrail barrier on a deck—is measurement taken from deck or top of barrier/guardrail? *The measurement is taken from the deck, unless the top of the barrier/guardrail meets the definition of a designated play surface, which is any elevated surface for standing, walking, sitting, or climbing, or a flat surface that is larger than 2 inches wide by 2 inches long, and a slope that is less than 30° from horizontal.*

Will variances be considered for fall zones that fall short a foot or less of the required distance? *Yes. Exceptions will be decided on a case by case basis.*

Now that the standard has changed to state that resilient surfacing must be under all playground equipment, what about a metal and board bus with the seats 12-18 inches off the ground? *The standard reads... "Where playground equipment is provided, resilient surfacing shall comply...and shall be under **equipment with moving parts or climbing apparatus** to create a fall zone free of hazardous obstacles. Resilient surfacing is only required for playground equipment with moving parts or designed for climbing. If children are using this piece of equipment for climbing then resilient surfacing would be required.*

How will do we measure the use zone for the end of a slide? *Because the standards refer to the "Selecting Playground Surface Materials" as our resource, the use zone requirement for slides is to be "four feet plus the height of the slide in front of the slide chute." You measure from the end of the slide. If adequate documentation is provided that states a smaller fall zone is sufficient, an AV may be approved.*

22 VAC 15-30-410.D. Equipment and materials. May we have tire swings on preschool playground? *A tire shaped swing that is made of a flexible material (e.g., rubber, soft pliable plastic) is acceptable. Tire shaped swings that are made of a hard molded plastic (often with a metal support structure) are not.*

22 VAC 15-30-410.D.1. Swing Seats. How is the standard concerning infant and toddler nonflexible molded swings to be enforced when a facility uses a public playground where the equipment is installed for multiple ages on the same playground without a barrier between the infant and toddler play area and the play area for older children? *The staff shall make the molded swing inaccessible to preschool and school age children (e.g., tie it back, station a teacher near to limit access). The staff are also responsible for determining when the equipment is not safe for infants and toddlers and therefore making it inaccessible to them as well.*

22 VAC 15-30-410.F. Shady Area on Playground. Is there a specific amount of shady space required? Must there be a shady space to accommodate every child on the playground? Specifically, is there a certain square footage of shade required per child? What constitutes "shade" – trees?, canopies?, gazebos? Can the "building" provide shade? *Each child should have access to shade. It is not practical that shade be available for all the children at one time, but it needs to be large enough to accommodate a reasonable number of children at one time, considering children's needs and preferences, and temperature. There is no square footage requirement and anything that provides an adequate amount of shade is acceptable. In order for the building to be considered the sole source of shade, it must provide shade that meets the above criteria whenever children are scheduled to be on the playground.*

22 VAC 15-30-430-A. - Staff to Ensure Care, Protection and Guidance. Sometimes toddlers or younger children need to be protected from older children - do the standards no longer require this protection? *According to 22 VAC 15-30-430.A, this protection must be provided as needed.*

22 VAC 15-30-430-C - Two Individuals at the Center? What is the meaning of "direct means for communication" between the two people working/volunteering at the center? *The intent of this standard is for the second person to obtain help if there is an emergency situation. See 22 VAC 15-30-310-B-4 for an additional standard about emergency procedures intended to help assure there are adequate procedures for emergencies.*

22 VAC 15-30-430-D - Grouping of Children. How is a "group" defined? How is a group determined in the following situation? School age children are grouped together in a large room but the children are divided at times. In this situation, half the children are on the playground and the other half are inside. Does each of these two groups need a program leader who meets qualifications? What does it mean to be "regularly present"? *A group will need to be determined on a case-by-case basis. If a classroom or group of children is regularly subdivided for an extended period of time and there cannot be sight supervision of both groups at the same*

time, there would need to be a qualified program leader in both groups. On the other hand, if a group of children in a gym or camp location are regularly subdivided for extended periods of time, but the program leader can have sight supervision of the various groups or activities and is responsible for the programming of each activity, there may only be a need for one program leader meeting qualifications. It is important to remember that according to the standard a program leader cannot supervise more than two aides. Separation of children for a special activity for a short period of time (e.g., an aide taking a group of children on a patio just outside the classroom for reading time), or when the children are separated during restroom time, does not necessarily mean there are two groups of children. The intent of “regularly present” is that a program leader must be with each group of children during the day except for short breaks, (e.g., a restroom break), special activities, or the times listed in 22VAC 15-30-430.E.

22 VAC 15-30-430.F. - Sight and Sound Supervision. Does “actual sight and sound supervision” require the ability of staff to immediately respond to the needs of the children being supervised when determining compliance with 22 VAC 15-30-430.E, which reads: “Children under 10 years of age always shall be within actual sight and sound supervision of staff....” *In order to adequately supervise children in care, a staff person must be able to provide immediate intervention and/or assistance in case of an emergency. Staff separated from children by a physical barrier, such as a wall, cannot maintain supervision of the children in their care. The inclusion of a window in a wall that separates a staff person from the children in his/her care that does not allow for immediate access does not alter this determination.*

22 VAC 15-30-430. F and G. - Supervision of Children. When children are changing into swimsuits (both preschool age and school age), do they need to be “sight and sound” supervised while they are changing or is it permissible to sound supervise for short periods of time? *22 VAC 15-30-430-E states that “children under 10 years of age always shall be within actual sight and sound supervision of staff, except that staff need only be able to hear a child who is using the restroom provided that....” It is reasonable to consider changing into swimsuits as an activity comparable to using the restroom. It is not necessary or always appropriate for staff to “sight and sound” supervise children while they are undressing. If a child is able to dress himself without staff assistance, sound supervision would be acceptable as long as a staff member checks on a child at least every five minutes and there is a system to assure that individuals who are not staff members or persons allowed to pick up a child in care do not enter the area while in use by children. Also, 22 VAC 15-30-430-A states that staff must always ensure the care, protection and guidance of the children they supervise. This means additional monitoring of the children may be necessary to assure the protection of the children. Other considerations may include group gender and range of children’s ages.*

22 VAC 15-30-430.H. – Supervision of Children. What is considered “adjacent to the center” when determining compliance with the requirement that two staff members be on the outdoor activity area whenever one or more children are present and the outdoor activity area is not adjacent to the center? *If the outdoor activity area shares a common border or is within sight and sound of the center, it shall be considered adjacent to the center.*

22 VAC 15-30-430.I. - Supervision of Children. Will the bus driver need to park the bus and walk to the center door to assume custody of the children? Are center staff expected/required to

take children to the bus stop and supervise their entry on the bus and are they required to meet the bus in the afternoon to pick up the children? *It is doubtful that bus drivers could leave their buses with children on board, therefore it should be expected that a center should supervise the children it is releasing until they get on a bus. A center is responsible for a child until another responsible adult assumes responsibility for that child. It is also expected that children released from a bus (i.e., released from the school's responsibility) are immediately considered under the supervision of the center, unless the bus driver is willing and able to bring the child(ren) into the center. Standards 430.I and 430.J are applicable here.*

22 VAC 15-30-440.A. - Staff-to-Children Ratios. How are staff-to-children ratios to be determined - by ratio group or classroom group? *Ratios shall be determined per room, not per age grouping. A caregiver in a room does not have sight and sound supervision of children in another room, and by definition, is not supervising such children. Therefore, a teacher not supervising children cannot be counted in the staff-to-child ratios for such children. The accurate way to calculate teacher-per-child ratios is literally to count the number of children who are cared for by an individual caregiver at one time. For example, if there are two staff members for a total of 20 three-year-olds, and the ratio for threes is one staff member for every 10 children, then 10 is the total number of children any one staff member can have in his or her care at a given time. An acceptable exception would be for an aide to take a quick bathroom break (i.e., not a personal break in which he/she is out of the room for an extended period of time*

22 VAC 15-30-440.E. - Staff-to-children Ratios. What ratios should be used until June 1, 2006 for those ratios that change on that date? *For children two years to four years: one staff member for every 10 children. For children from four years to the age of eligibility to attend public school, five years by September 30: one staff member for every 12 children. For school-age children, one staff member for every 20 children.*

22 VAC 15-30-440-E.7 - Staff-to-Children Ratios for Balanced Mixed-Age Groupings. What courses qualify for the mixed-age training? Where can someone get the training? *VDSS offers two four-hour training sessions on managing mixed age groups. Montessori teacher qualifications would also be acceptable. Training sessions offered by others on mixed-age groups may also be appropriate, but will need to be reviewed.*

What is an extended absence? *Two weeks should be used as a general guide when complying with this standard.*

What is the meaning of "sufficient substitute staff"? What is the meaning of "auxiliary persons"? *In this standard, sufficient substitute staff means this person meets qualifications except for the eight hours of training in balanced mixed age groups. If the substitute also meets the eight hours of training, a 14 ratio would apply instead of a 1:12 ratio. Auxiliary persons are people who are available in the event of an emergency such as a cook or floater. This person does not need to meet qualifications.*

What is the staff-to-children ratio for this group of children during the designated rest period? *This standard allows a 1:28 staff-to-children ratio during the designated rest period.*

22 VAC 15-30-440-F. – Assigning a child to a different age group. Can a child who is younger than children in an older established age group for a classroom be placed in that older age group (class) without having to reduce the ratio to meet the staff-to-child ratio requirements necessary for the younger child under typical (i.e., in his or her own age group) circumstances when the information required in standard 15-30-440 F already has been obtained?

According to the current standard 15-30-440 F, staff-to-children ratio requirements, with a parent's written permission and a written assessment by the program director and child care supervisor or program leader, a center may choose to assign a child to a different age group if such age group is more appropriate for the child's developmental level and the staff-to-children ratio shall be for the established age group.

According to this standard, the staff-to-child ratio does not need to be reduced for the younger child provided that the center director has the necessary supporting documentation. Just be sure that the director (and/or teacher) has assessed and documented the child's developmental stage. Also, just to be sure that this particular child is indeed ready for such advancement to an older classroom; there are a few questions that should be addressed in an appropriate assessment (see below).

Developmental questions:

Although the child may be ready in terms of her cognitive development and abilities, is she also ready on physical, social/emotional, and linguistic levels?

a. FOR EXAMPLE, in terms of PHYSICAL development, is he/she potty trained (if the majority of the rest of her older class is potty trained or there is not a sufficient system for including a diaper wearing child in a potty trained class, this could be an issue).

b. In terms of SOCIAL AND EMOTIONAL development, is he/she still engaging in primarily parallel play or might she be able to actively engage in cooperative play (as the three year olds should be doing). That is, would there be a problem with her disassociating from the class and engaging only in on-looker behavior as opposed to active participation WITH her classmates?

c. In terms of LINGUISTIC development, is he/she able to effectively communicate her needs, desires, and emotions using her words? That is, would she be able to communicate with her peers in appropriate ways (with words and gestures) as opposed to inappropriate ways (e.g., hitting and/or biting)?

Finally, as long as the child's developmental assessment would suggest that such a placement is appropriate for the child and the center has the supporting assessment, permission and signatures required, it is alright to include this particular child in the older age group without reducing the staff- to-child ratio for that younger child.

22 VAC 15-30-440.F.2. - Reassignment of Children. Please clarify 440.F.2. A center may temporarily reassign a child from his regular group and staff members for reasons of administrative necessity, but not casually or repeatedly disrupt a child's schedule and attachment to his staff members and group. *Administrative necessity is when there are no other reasonable options available. For example, if a staff person must leave the building and a substitute (including the Assistant Director or Director) is not immediately available to take that teacher's/aide's place in the classroom then that would constitute an administrative necessity.*

What is meant by "temporarily," "casually" and how do we enforce it? *"Temporary" and "casual" must be determined by the inspector on a case-by-case basis, through interviews with*

staff, possibly a review of records for the child/children in question, an evaluation of the center's overall staffing pattern and use of professional judgment. The language in the standard itself offers a clue to whether a finding of noncompliance would be appropriate. Are children's schedules being repeatedly disrupted? Is there evidence from interviews and observation that children's attachments to the group and to staff have been disrupted? As with any finding of noncompliance, the documentation must be clear enough so that any reasonable person would agree that a violation exists.

22 VAC 15-30-461.3. Outdoor Time for Infants. How much outdoor time is required for infants? *The standard does not state how much time is required. Because the care of infants is driven primarily by each child's needs (versus a structured predetermined schedule that applies to all children), it is appropriate not to have established outdoor times for this age group. Compliance determination involves determining that infants have daily outdoor experiences, which may simply include a ride in a carriage or stroller. Refer to standard 471.A.1 for some general guidance.*

22 VAC 15-30-461.3 and 471.A.1. Outdoor Air Quality. Who is responsible for determining the air quality? *The Department of Environmental Quality in conjunction with the Environmental Protection Agency are responsible for determining air quality*
<http://www.deq.state.va.us/>
http://www.epa.gov/cgi-bin/airnow.cgi?MapName=super&MapType=current_hour

Are summer camps exempt from air quality standard since there might not be a place for indoor activities? Programs for school age children are not exempt from the air quality standard. This doesn't prohibit being outdoors, it prohibits strenuous outdoor activity.

22 VAC 15-30-461.5.g. Tummy Time. How is tummy time to be monitored? *If an inspector is not there to observe it, he or she needs to check the documentation. If an inspector sees a pattern of infants being placed only on their backs, this may indicate a problem and warrant closer monitoring or investigation by the inspector.*

22 VAC 15-30-487.2 - Enclosure in a Confined Space. Does this standard allow a provider to use a playpen or other equipment to confine a preschool age child? *In accordance with 22 VAC 15-30-484-B about behavioral guidance being constructive in nature and age and stage appropriate, preschool children should not be confined in equipment. Also, use of a play yard for an older child could be humiliating for the child.*

22 VAC 15-30-490.A.5. - Medication Administration Policy. Must the center's medication administration policy be written? *Yes. The center's decision addressing whether, or under what conditions, to administer medicines at the facility must be in writing.*

22 VAC 15-30-490.C. - Parental involvement. Must we allow the parent to stay in the center all day even when she is disruptive with her cell phone and has her purse on the floor? *This is a center issue (what are their policies on classroom observations) rather than a licensing issue. The purse should be inaccessible to the children.*

22 VAC 15-30-490.E.3.a. Semiannual Scheduled Opportunities for Parental Feedback.

How do the facilities document the scheduled feedback events? *This standard requires that centers provide an opportunity for parents to provide feedback to the center. Any documentation (e.g., appointment sign-up sheet, written request for an evaluation or the evaluation) that shows the center giving parents this opportunity will suffice.*

Is the semi-annual opportunity for parental feedback required for after-school programs? *Parents shall be provided at least semi-annual, in writing, information on their children as outlined in the standard. There is no exception for after-school programs.*

22 VAC 15-30-490.E.3.b. Annual Update of Child's Record Information. How do facilities verify the updating of parental documentation? *It does not matter how a facility documents that it conducted an annual audit of each child's record and asked for parental review to determine if the information was still accurate and complete, as long as the center documents (i.e., something in writing) that the update/review took place. Documentation could be as simple as initialing and dating the child's registration form each year to indicate no change, or inclusion in the child's record of an updated registration form.*

22 VAC 15-30-500.C.2 – S-Hooks. May S-hooks be taped when it is difficult to completely close them? What is safe and unsafe? *No. S-hooks may not be taped. An S-hook is considered closed if there is no gap or space greater than a penny. Taping an S-hook closed does not satisfy the closure requirement and could create the illusion of safety. While it can reduce the ability to entangle a piece of clothing, there is still the danger that the S-hook could remain open underneath the tape and slip off the chain, or that the tape could hide wear/deterioration, or worsening rust, which can reduce metal's integrity.*

May hardware other than a S-hook be used to secure swings to the swing hanger, or to the swing chain. *Yes. Inspectors should consult with providers to make them aware that once they use a piece of hardware other than what the manufacturer recommends for a specific piece of equipment, they assume the liability. Some companies require purchasers to sign a "Hold Harmless Clause" if they choose to purchase hardware intended for their brand of equipment on another brand. Signing this means that the purchaser won't hold the company liable for any injuries received or court-related costs associated with using their hardware on another brand of equipment.*

If a provider cannot determine the manufacturer of a piece of equipment, precaution should be taken to ensure that the hardware used has the strength necessary to support the use by multiple children at any given time. To best ensure this, it is recommended that hardware be purchased that is specifically designed for use on playground equipment, or that is at least the weight, size, diameter, etc. of that intended for use on playground equipment.

22 VAC 15-30-500.C.3 – Play Equipment. Please explain protrusions, sharp points, shearing points, and pinch points. *A protrusion can be defined as two threads beyond the face of a nut or as a projection that does not meet the protrusion test when tested with the set of three gauges made available to each Regional Licensing Office. A sharp point is an accessible point that can puncture or cut the skin. A shearing point is the place where at least two moving parts meet*

which could cause the child to suffer a bruise, cut, scrape, amputation, or fracture during use of the equipment. A pinch point is the place where at least two moving parts meet which could cause a part of the child's body to be squeezed or bound, causing pain.

22 VAC 15-30-500.D. - Slides and Climbing Equipment. What is the definition of “unenclosed” climbing portion of slides and climbing equipment? *The unenclosed portion of a slide or piece of climbing equipment is the area a child can climb out or fall off. When determining the critical height of a piece of equipment that is enclosed (i.e., has a barrier that prohibits children from climbing out or falling off the piece of equipment), the barrier would not be included in the measurement, only the “unenclosed” portions would be measured.*

Can existing equipment over 7 or 8 feet remain in use? *Yes, but not by toddlers and preschoolers unless the climbing portion is enclosed. The appropriate amount of resilient surfacing would also be required. See the Technical Assistance for standard 410.B for more information on the amount of resilient surfacing needed for equipment with a critical fall height over 8 feet.*

There has been some discussion regarding inflatable party/event bouncers at center during the summer. What is our stance regarding these at centers? *When inflatable equipment is used on the site, the following criteria must be met*

- 1. Inflatable slide/equipment is to be treated like any other piece of climbing equipment. There must be adequate (based upon the height of the slide) resilient surfacing placed at the end of the slide and/or in the fall zones.*
- 2. If a child can fall off or out of any piece of equipment, resilient surfacing will be required in the fall zone. The amount of surfacing will be determined by the equipment's critical height.*
- 3. Each piece of equipment must have an equipment operator (usually provided by the company supplying the equipment, but it could be a person trained to monitor it) who will ensure that the piece is properly anchored and inflated. If not properly inflated, a child may become trapped between the sides and the floor creating a potential risk of injury or suffocation.*
- 4. The equipment operator will also monitor that the equipment is being used correctly. In addition to the operator, a staff from the facility must be stationed nearby to assist in monitoring the activity and assisting the children entering/exiting the piece of equipment.*
- 5. The piece of equipment must have sides high enough to keep the child from falling off or out.*
- 6. Only the appropriate number of children may utilize the equipment at any one time. The children should be grouped according to similar ages (e.g., three year old children and school age children not using the piece of equipment at the same time).*
- 7. The height restrictions placed on equipment used by toddlers and preschoolers must be adhered to.*

If inflatable equipment is used after regular center hours when parents are present (e.g., a family fun day) then the standards regarding climbing equipment shall not apply.

Do the licensing inspectors measure the height of the equipment or do centers keep written information on playground equipment? *If there are no blueprints/manufacturers specifications available, then the inspector will need to measure to determine the critical fall height of the equipment.*

22 VAC 15-30-500.G. - Equipment and materials. Does an indoor enclosed loft, that has steps to reach it, need resilient surfacing around it? We felt that the loft itself probably did not because it is fully enclosed and not climbable, but we had concerns about the stairs leading up to the loft. *First establish the use of the loft. If the loft is being used as an extension of the “classroom,” then resilient surfacing would not be required. If children will be climbing in/on the loft, then it is considered climbing equipment and must have adequate resilient surfacing. If the loft has a ladder instead of steps, then it is considered climbing equipment. If the loft has steps and is used by preschool or younger children, the steps to the loft would need to meet the requirements of 22 VAC 15-30-360-1. Reference the Technical Assistance for standard 360-1 in this document for more information.*

22 VAC 15-30-500.H. - Trampolines. How will sports camps (gymnastics) meet 500.H (Trampolines may not be used.)? *Since staff at these types of camps are trained to teach gymnastics, an AV can be and should be requested for this standard.*

Would a “Moon Bounce” be considered a trampoline? *When inflatable bouncers/jumpers are used on site, the following criteria must be met.*

- 1. Each piece of equipment must have an equipment operator (usually provided by the company supplying the equipment, but it could be a person trained to monitor it) who will ensure that the piece is properly anchored and inflated. If not properly inflated, a child may become trapped between the sides and the floor creating a potential risk of injury or suffocation.*
- 2. The equipment operator will also monitor that the equipment is being used correctly. In addition to the operator, a staff from the facility must be stationed nearby to assist in monitoring the activity and assisting the children entering/exiting the bouncer.*
- 3. The bouncer must have sides high enough to keep the child from falling off or out.*
- 4. Only the appropriate number of children may utilize the equipment at any one time. The children should be grouped according to similar ages (e.g., three year old children and school age children not bouncing at the same time.)*

If inflatable equipment is used after regular center hours when parents are present (e.g., a family fun day) then the standards regarding climbing equipment shall not apply.

22 VAC 15-30-500.K - Individual Place for Personal Belongings. Will use of individual book bags placed on a table meet this requirement? *The intent of this standard is for each child to have an individual space for storing personal belongings for security and contamination reasons. At a minimum, a known or specific place that is predictable each day such as a book bag on a specific spot of a table must be provided.*

22 VAC 15-30-500.M. - Play Yards. What is considered a play yard? Does it include mesh sided, foam items on floor, net - fence type thing? *This standard requires that play yards meet Juvenile Products Manufacturers Association (JPMA) and the American Society for Testing and Materials (ASTM) requirements. The American Society for Testing and Materials (ASTM) defines a play yard as a: “framed enclosure with a floor made for the purpose of containing a child who is unable to climb out of the play yard and having a height of 35” or less, or weighing not more than 30 pounds.” Effective 1997, ASTM developed separate specifications for play yards and non-full size baby cribs. Play yards should not include “play fences” or enclosures*

that completely surround an area or play-space within which a young child may be confined. These enclosures fall under ASTM specifications for expansion gates and expandable enclosures. Also according to ASTM, manufacturers of “play fences” do not call them a “play yard” or “playpen” and do not recommend them as a play yard.

22 VAC 15-30-500.M.2; 500.N. Recalled Equipment. Who is responsible for informing the facilities of recalls on equipment? Regarding use of recalled play yards and cribs, how will this be enforced? Will there be a list sent to inspectors? *The Department periodically sends providers and inspectors Technical Assistance packages that may include product recalls. But it is important to realize that it is the provider’s responsibility to adhere to the standards, and that would include determining what has been recalled. Both inspectors and providers may receive an automatic CPSC email alert on recalled products by going to www.cpsc.gov, clicking on Sign up for email announcements, entering an email address on the next screen and, at minimum, checking the box to receive all recalls. Another recommended website is www.recalls.gov. This site includes child safety seat recalls from NHTSA.*

If an inspector sees a piece of equipment that has been recalled in a center a violation will be issued and the only acceptable plan of correction is that the equipment be removed immediately from the center.

22 VAC 15-30-510.H – Cribs. What is the most recent information regarding mesh-sided portable cribs and the proper use of them? *The standard requires that cribs meet Consumer Product Safety Commission Standards (CPSC). A “portable crib” is defined in the CPSC standards as “a non-full-size baby crib designed so that it may be folded or collapsed, without disassembly, to occupy a volume substantially less than the volume it occupies when it is used.” “Non-full-size cribs,” as defined by CPSC, are cribs that: 1) are intended for use in or around the home, for travel and other purposes and 2) have an interior length dimension either greater than 55 inches or smaller than 49 ¾ inches, or an interior width dimension either greater than 30 5/8 inches or smaller than 25 1/8 inches, or both.*

The CPSC standards include a definition of “crib-pen.” A crib-pen is a non-full-sized baby crib the legs of which may be removed or adjusted to provide a “play pen” (two words) or yard for a child.

Mesh/net/screen cribs, non-rigidly-constructed baby cribs, cradles (both rocker and pendulum types), car beds, baby baskets and bassinets (also known as junior cribs) are not subject to the provisions of the CPSC standards for full-size and non-full-size cribs. They are also not subject to the provisions of CPSC standard §1500.18 which bans certain toys and equipment intended for use by children. Because they are not covered in the law and because center standards require use of cribs for sleeping that meet CPSC standards, mesh/net/screen cribs are not permitted for sleeping in child day centers.

Play yards may be used in child day centers, but may not be used as the designated sleeping area. A play yard is a framed enclosure with a floor made for the purpose of containing a child who is unable to climb out of the play yard, is less than three feet tall, and who weighs no more than 30 pounds. The sides may be either mesh-fabric or rigid-sided and the padding in the floor pad must not be more than one inch thick. Mesh-sided play yards must not be used if: 1) the play

yard has been recalled; the weave is more than ¼ inches; there are tears, holes, or loose threads; the mesh isn't securely attached to the top rail or floor plate; the top rail cover has tears or holes; there are missing, loose or exposed staples, if used; a pillow, comforter, or other soft bedding is provided; or the latching or locking device requires a minimum force of 10 pounds to activate the release mechanism.

22 VAC 15-30-520.C.2, 575.B.3.a, and 390.B.3. Water Temperature. For the water temperature requirement (140°F) for laundering (520.C.2,) are we expected to gauge the water temp as we do for hand washing (120°F) (575.B.3.a)? How should the discrepancy between the temperature for laundering and hand washing be handled (too many scenarios to list here)? Many schools do not have hot water. Will all schools be required to add hot water? What are we considering warm water? Many centers turn off the hot water. How do we determine the water temperature of the washer and/or dryer? What about Laundromats? Since diapering surfaces must be cleaned with “at least room temperature water,” doesn't that imply that if only cold water is available from a sink that there must be a container of room temperature water available for diapering? *Standard 520.C.2 requires that linens laundered by the center be sanitized. Sanitization occurs when linens are washed in water temperature over 140° or dried in a dryer that heats the linens over 140°. A sanitizer may also be used for this purpose as long as the manufacturer's instructions are followed. This language replaces the specific references to cleaning and “sanitizing” linens, and cleaning and “sanitizing” crib sheets in the previous regulation. Obtaining actual measurements of water temperature for laundering may not be possible. It may be necessary to determine compliance through information obtained from the provider. Ask the provider for evidence that either the water temperature for laundering or the dryer temperature exceeds 140°F or that a sanitizer is being used in accordance with the manufacturer's instructions or advice from the health department.*

Schools are not being required to add hot water (unless they wash linens and are unable to sanitize them using the other options available or serve infants).

Warm water not to exceed 120° is required at hand washing sinks. Caring for Our Children defines “warm” water as between 60° and no more than 120°F.

Water that is at least room temperature must be used to clean diapering surfaces. In addition, the diapering surface must be “sanitized.” Please see definition of “sanitized” under the Definitions section of the standards.

22 VAC 15-30-570.A.1. Child's Temperature. Which method should be used to take a child's temperature that would exclude him/her from the center at 101°F? *The standards are deliberately silent on the method to use to take a child's temperature. What must be enforced is exclusion of children with temperatures over 101°F, no matter what method is used to make that determination. Health care professionals differ slightly on which type of thermometer to use for which ages and how temperature should be taken. Most however, advise against a provider taking a rectal temperature on any child that is not his own without special training from a health care professional and parental directive.*

22 VAC 15-30-570.C. - Notification of Life Threatening Diseases. How does a life threatening disease need to be reported? What documentation, if any, is required of this reporting? *Life threatening diseases need to be reported to the parents immediately via the quickest method possible (e.g., telephone, email, Instant Messaging). Some form of written documentation should be filed. This could include, but is not limited to, an attendance sheet with check marks next to each child's name symbolizing someone from the center contacted the parent, the parent's signature acknowledging the contact, a note in each child's file documenting the name of the parent contacted and the time the contact took place.*

22 VAC 15-30-570.D. - Notification of Communicable Diseases. Need clarification on when notification of communicable disease exposure is forbidden by law. Are HIV and AIDS the only ones forbidden by law? *Section 32.1-36.1 of the Code of Virginia states: "the results of every test to determine infection with human immunodeficiency virus shall be confidential." Section 32.1-127.1:03 of the Code of Virginia recognizes "a patient's right of privacy in the content of a patient's medical record." These sections of the law then provide specific circumstances in which this type of health information may be disclosed. According to staff in the Office of Epidemiology, if children at a child care program have been exposed to a communicable disease such as chickenpox, it would be appropriate to state that the children were exposed without citing the particular child with chickenpox. A child with HIV attending a child care program should not be considered exposure to a communicable disease since this virus is very fragile when exposed to air.*

22 VAC 15-30-575.A.1 and 4. Cleaning Hands. Can disposable wipes be used to wash children's hands? Can a germicidal cleansing agent be used by children to wash their hands? *Disposable wipes can only be used to wash children's hands before and after snacks. A germicidal cleansing agent can ONLY be used by children to wash their hands when running water is not available.*

22 VAC 15-30-575-A.4 - Cleaning Hands. Can staff use hand sanitizers instead of using soap or a germicidal cleansing agent and water? *The standard requires use of water. Hand sanitizers may not require the use of water so this would not meet the standard. Also, the directions for some of these products may state that it should be applied to clean, dry hands so hands would need to be washed before using the product.*

22 VAC 15-30-575.B.6. - Disposable Diapers. Does a lined trash can without a lid meet this standard for discarding disposable diapers? *No. A diaper disposal system shall have a lid.*

22 VAC 15-30-575.B.8.Exception. - Disposable Barriers for Diapering Surfaces. Please define disposable barrier. *In this context, it is a clean, dry barrier that can be thrown away (i.e., it is not reused – one child per barrier) (e.g., butcher paper, banner paper). Unacceptable barriers include, but are not limited to: newspaper, plastic bags, and cardboard.*

22 VAC 15-30-580.B.3. - Long Term Prescription Drug Use. If there is written authorization from the child's physician and parent for long term prescription drug use, is there no expiration on the authorization? *Regulations from the Board of Pharmacy have specific guidelines on filling and refilling prescription medication but this does not address the person giving medicine*

*to a child. Also, prescription medications may not have expiration dates. According to Board of Pharmacy regulations, certain medications cannot be filled more than six months after the date on which the prescription was issued. The length of time for filling or refilling other medication can be up to two years after the date on which it was issued. Therefore, physicians will usually update prescription medication. This is needed since body weights change for young children. It is recommended that physician permission for long-term drug use by child care operators specify the duration for using the medication and that operators follow this advice. Also, long-term prescription medication can include over-the-counter medications if accompanied by a physician's authorization **and** the parent's authorization. Again, recommendations for the duration of these medications should be obtained from the physician. According to 22 VAC 15-30-580-B.3, expiration dates on medications must be followed.*

22 VAC 15-30-580.H. - Medication Kept in a Locked Place. Can a school-age child carry his or her own inhaler with a doctor's permission? *In order for a child to have his or her medication on his or her person the following criteria must be met:*

- 1. Ten years of age or older,*
- 2. A letter from a doctor or a prescription label stating that the medication must be immediately accessible in case of emergency and that the medication would not be harmful if obtained and taken by another child,*
- 3. Written permission from his or her parent and statement that the child is responsible enough to keep up with and administer the medication,*
- 4. The center Director must determine that the medication can be retained and administered by the child without interference from other children; otherwise, a staff person must provide continuous sight and sound supervision of the group when the child has the medication.*

If these criteria cannot be met, then the medication shall be placed in a location that is not accessible to children, which may include an unlocked location with staff being responsible for immediate action should an emergency occur. Note: For older school-age children, inaccessible might mean being locked in a medicine box or in a staff person's direct control (i.e., the staff person has it on his/her person – in hand, in a fanny-pack that is being worn).

22 VAC 15-30-580.L. - Expired Medication Authorization. When authorization for a medication has expired and the medication has not yet been picked up, upon which day should the violation be issued? *A violation should only be issued if 14 days have passed since the authorization expired and after the 14th day (i.e., day 15) the medication can still be found at the facility. A violation should not be issued prior to the 15th day.*

How do you propose we dispose of non-flushable meds (e.g., Epipens)? Medications that cannot be flushed should be disposed of in some form of hard puncture-resistant, leak-proof container with a tight-fitting screw top (i.e., a homemade "sharps" container – e.g., a peanut-butter container, laundry detergent bottle, bleach bottle). The container should be clearly labeled according to OSHA standards, and sealed with heavy-duty tape for added safety. It should be kept out of reach of children.

Providers should contact the local public works/sanitation department in the locality where the center is located, to find out if the locality has special procedures for disposal of medical waste. Staff at the local health department may also be able to provide guidance.

22 VAC 15-30-585.A. - Over-the-counter Skin Products. Purell hand sanitizer says “Keep out of the reach of children.” Does this mean that is must be kept out of the reach of children? *All over the counter skin products shall be used according to the manufacturer’s recommendations. Such items must be kept out of the reach of children. On a field trip, for example, you need adult supervision; children shall not use it by themselves.*

22 VAC 15-30-585.C. - Vaseline as Diaper Ointment. What form of written authorization is needed in order to apply Vaseline as diaper ointment on a child, and what documentation should the center be completing when the center does apply Vaseline on a child? *If Vaseline (petroleum jelly) is being used in the place of diaper ointment then standard 585.C shall apply. If it is being used for some other purpose then standard 585.A shall apply.*

22 VAC 15-30-585.B.3, C.3, D.3. - Over-the-counter skin products. What is the definition of “inaccessible”? Is it dependent upon age? When a child becomes able to open a child-proof lock, is it no longer inaccessible? *Inaccessible means a child cannot reasonably or easily obtain access to an item. As a child matures his or her ability to access items increases. It is expected that a provider would need to increase his or her measures to make things inaccessible. If a child can open a “child-proof” lock quickly and/or easily, then the items located behind that lock should be considered accessible. Similarly, almost nothing can be considered inaccessible by merely being “out of reach” once a child learns to climb.*

If a center is licensed for children ages 2 – 12, do all areas of the center have to meet the inaccessible standard? *The areas a child reasonably has access to should have dangerous items inaccessible to that child. Each classroom should apply the inaccessibility principle to its own age group. However, the rooms themselves should be inaccessible when unoccupied to preclude accidental exposure to substances or materials that would be hazardous to a different age group.*

22 VAC 15-30-585.B.6. - Over-the-counter skin products. One of our programs has a question about sunscreen. Standard 585.B.6 states, “children nine years of age and older may administer their own sunscreen if supervised.” Does this mean that children eight years of age and younger may not administer their own sunscreen if supervised? The concern they have is that some of the older children may not be comfortable with a staff member rubbing sunscreen on their bodies. *One of the definitions of **administer** is to dispense. For children under nine years of age the staff person must be in charge of taking the bottle of sunscreen and placing an appropriate amount of lotion in the child’s hand, but the child may apply/rub the solution onto his/her skin. The staff could assist (like the middle of the child’s back) as necessary but must ensure the lotion is applied correctly (i.e., sufficiently).*

22 VAC 15-30-585.C.4. - Diaper Ointment. Can the record of the application of diaper ointment be included on the daily infant report or does it have to be separate documentation? *The record of ointment can be included on the daily infant report as long as adverse reactions are included on the report.*

22 VAC 15-30-590.A.2 - First Aid and CPR Training. What courses are approved by the Department of Social Services? *Contact the Division of Licensing Programs Children’s Health and Safety Consultant for a list of the currently approved courses.*

What CPR courses from the American Heart Association meet this standard - some do not evaluate skill or provide a written test? Pediatric Basic Life Support (PBLS) Plus provides training pertaining to infants and children up to age eight. Would a staff member taking this course also need to take a course covering adult CPR? *The course must certify the participant has satisfactorily completed the course since the standard refers to “certification;” therefore, an attendance card by itself would not be acceptable. The age of the children at the center needs to be considered when determining if a person is adequately certified; if children are over eight years of age, adult CPR is required unless the CPR instructor can state and is willing to document that the course covers the ages of children served.*

22 VAC 15-30-600.D.1 - First aid and emergency supplies. Can providers purchase activated charcoal in a tablet or capsule form? *The Poison Control Center states that Activated Charcoal tablets or capsules should NOT be used for poisons. They recommend using small gram bottles of dry powder that can be mixed with water or soda pop. Some bottles already have water or sorbitol in them. Sorbitol can cause diarrhea in children. NEVER use burnt toast, charred wood, or charcoal briquettes. Always call the Poison Control Center BEFORE administering activated charcoal.*

22 VAC 15-30-610.A. - Emergency Preparedness Plans. Are the state/local authorities aware of working with centers regarding emergency preparedness? *Every locality in Virginia has an emergency coordinator. A list of these officials can be found on the Virginia Department of Emergency Management (VDEM) website at: <http://www.vdem.state.va.us/library/#directories>. Contact has been made with the Virginia Department of Emergency Management. They have been provided a copy of language in this standard, and have agreed to notify the local coordinators that they may be receiving requests for assistance from licensed facilities. Our contact at VDEM was also advised that our inspectors will be looking for confirmation, perhaps in the form of a signature, that centers’ emergency plans were in fact developed in consultation with local or state authorities as required in the standard. The signoff will NOT be an indicator that the plans are approved. The signoff will indicate that the plans have been reviewed and that the emergency coordinators may have provided some recommendations. It will be the responsibility of the center to incorporate and implement the recommendations into their emergency plan.*

If a provider uses the VDH booklet “It Pays to Prepare,” can this be considered consultation with local/state authorities? *No. Emergency preparedness plans must be customized to meet the unique needs of individual centers, based on the community in which the center is located and the children served. The plan for a center located near a nuclear power plant, for example, may not be the same as for a center in a different location. The referenced booklet may be a useful resource, but would not substitute for consultation with local/state authorities.*

Are color codes going to be used for terrorism (emergency scenarios)? *The use of color codes for terrorism is not addressed in the standards. However, the authorities who will provide consultation on the development of emergency preparedness plans may recommend incorporation of this nationally recognized warning system into these plans.*

22 VAC 15-30-610.C. - Emergency Evacuation and Shelter-in-place Procedures/Maps.

Must the emergency evacuation procedures be posted along with the evacuation map? *Yes. These procedures must be posted in a location conspicuous to staff and children on each floor of each building. The standards do not require posting of the entire emergency preparedness plan, just the emergency evacuation and shelter-in-place procedures and maps.*

22 VAC 15-30-610.F. - Posted Numbers. Poison control—Is the 800-222-1222 number OK instead of regional #? *Yes. The Office of Emergency Medical Services which is responsible for the Virginia Poison Control Network recommends using the 1-800 number. While the standard references posting the number for the “regional” center, regional poison control numbers are no longer being advertised. The 1-800 number is a national number which will refer a caller to the Poison Control Center nearest him or her. It is possible, however, that when a cell phone is used, a call will be directed to where the number is located (e.g., a Florida cell phone number that’s used to make a call in Virginia may result in the caller being directed to a Poison Control Center in Florida.) Staff at the 1-800 number state, however, that they will determine the caller’s location and make the appropriate referral.*

22 VAC 15-30-610.I. - Procedures for Emergencies. How are the parents to be notified of the center’s emergency preparedness plan – in writing? Documented conversation? Conversation with parent according to PD? *Standard 490.A.10 requires it be provided to the parent in writing.*

22 VAC 15-30-620.A. - Times for Meals and Snacks. Is a center allowed to put snacks out on a table for children to get them when they want instead of having a designated time for snacks? *This standard requires the center to schedule appropriate times for snacks and meals. It would be acceptable to specify a range of time for snacks. In this situation, the center would still need to: assure the snack meets United States Department of Agriculture (USDA) requirements for nutrition (22 VAC 15-30-620-F.1), take safety measures for perishable food (22 VAC 15-30-330-B.3 and 22 VAC 15-30-620-J), and have proper supervision to assure children’s hands are washed before eating (22 VAC 15-30-575-A.1).*

22 VAC 15-30-620.F.4. - Foods Considered Choking Hazards. Are we going to have a list of foods that pose choking hazards to children under the age of 3? Can hot dogs and grapes be served if they are cut into pieces? *Yes. Hotdogs are to be cut in half lengthwise and then quartered. Foods that are round, hard, small, thick and slippery, smooth, or slippery are considered high-risk foods for young children. Examples are hot dogs (whole or sliced into rounds), raw carrot rounds, whole grapes, hard candy, nuts, seeds, hard pretzels, peanuts, popcorn, marshmallows, spoonfuls of peanut butter, and chunks of meat larger than can be swallowed whole.*

22 VAC 15-30-620.G. - Snacks from Home. May a center that allows snacks from home sell “junk food”? What if the center has a vending machine for snacks? Parents will send money with their child to buy these snacks instead of preparing a snack at home to bring to the center. Define an “appropriate” snack and an “inadequate” snack. What is the center’s responsibility for supplementing inadequate snacks? *It is acceptable for parents to allow their children to purchase “junk food” from a vending machine. 22 VAC 15-30-620-G requires an*

“appropriate” snack if the child’s snack from home (or purchased) is forgotten, inadequate or perishable. While the “appropriate” snack may not contain two components, it must be sufficient in quantity for the age of the child. For example, two saltine crackers would not be appropriate as a snack for a school age child. It is suggested that centers follow the USDA guidelines for good nutrition.

22 VAC 15-30-620.G.1. - Food Brought from Home. What is to be considered “sealed” when food is being brought from home (baggies, plastic container, etc)? If the food is in the labeled lunchbox do they still have to be sealed and dated? *The container (e.g., paper bag, lunch box) that food is brought from home in must be securely closed or fastened. A child’s lunchbox or lunch-bag should be labeled with the child’s name. The box or bag can be labeled with the date, or the individual food containers within the box or bag.*

22 VAC 15-30-620.M. - Safety During Meals. Are staff required to sit with children during snack time? *No, staff are not required to sit with children during snack time.*

22 VAC 15-30-630.B. - Special Feeding Needs. Can water be placed in a bottle and given to a child who is going to rest? *No. This standard prohibits use of bottles while a child is in his designated sleeping location.*

22 VAC 15-30-640.C. – Car Seats. What is the most current requirement for car seats when transporting children under four years of age? *See Attachment V in the standard’s manual.*

22 VAC 15-30-640.C.1. - Safety Belts. Can more than 15 seat belts be professionally installed on a vehicle originally designed for 15 passengers? *No. Please inform Home Office of any facility that is using a vehicle that has been modified in this way.*

22 VAC 15-30-670.A. – Evening and overnight care. May sleeping bags be used? *According to 22 VAC 15-30-510.A, a sleeping bag may not be used in place of a crib, cot, rest mat or bed during the designated rest period. According to 22 VAC 15-30-670.A and B, sleeping bags may be used by camps when providing evening care or overnight care to school age children on an occasional basis. According to 22 VAC 15-30-670.F, the requirements of 22 VAC 15-30-510.A through E apply to the camp’s use of sleeping bags (individual use, identified for use by a specific child, 2 ½ feet from heat-producing appliance, and 12 inches of space between occupied sleeping bags).*

22 VAC 15-30-670.L – Evening and overnight care. Is supper required if evening/overnight care is offered? *Supper would be required by 22 VAC 15-30-620.A, depending on the hours of operation.*

Application Form. Who needs to sign the application form for licensure? This is important since this person needs to get a criminal record check and child abuse/neglect check. *The application form states “this application shall be signed by the individual responsible for operation of the child day center(s) or, if the center(s) is/are to be operated by a board, by an officer of the board or person designated authority by the board.” When the center is operated by a board, an officer of the board instead of the chief executive officer may sign the application form.*

APPENDIX A

Program Director Qualification Implementation

If hired prior to June 1, 2005 under criteria #5 in 230.A

If you were a Program Director under the standards that were effective prior to June 1, 2005 you may remain as a PD after May 30, 2008 as long as you are:

A. Enrolled in a program that upon completion will qualify you under 1-4a and taking 3 sem hrs or 6 qrt hrs per year of college credit related to children until meeting 1-4a

Or

B. Enrolled in a program that upon completion will qualify you under 4b (child development credential) and regularly work to complete the program by June 1, 2009

If you are enrolled in a program that upon completion will qualify you under 1-4a and taking 3 sem hrs or 6 qrt hrs per year, you may continue being a PD after June 1, 2008 as long as you continue taking 3 sem hrs or 6 qrt hrs per year in your program. But if you are enrolled in a child development credential program (4b) you must have complete the program by June 1, 2009 (no exceptions) in order to remain a program director.

Courses taken while working toward criterion 1-4 (4.a and 4b) may count toward hours of annual training provided the course is required to satisfy the requirements of and is offered by the educational or credentialing program in which the person is enrolled.

If hired between June 1, 2005 and May 30, 2006 under criteria #5 in 230.A

In order to remain as a PD after May 30, 2008 you must be:

A. Enrolled in a program that upon completion will qualify you under 1-4a and taking 6 sem hrs or 9 qrt hrs per year of college credit related to children until meeting 1-4a

Or

B. Enrolled in a program that upon completion will qualify you under 4b (child development credential) and regularly works to complete the program by June 1, 2007

If you are enrolled in a program that upon completion will qualify you under 1-4a and taking 6 sem hrs or 9 qrt hrs per year, you may continue being a PD after June 1, 2008 as long as you continue taking 6 sem hrs or 9 qrt hrs per year in your program. But if you are enrolled in a child development credential program (4b) you must have complete the program by June 1, 2007 (no exceptions) in order to remain a program director.

Courses taken while working toward criterion 1-4 (4.a and 4b) may count toward hours of annual training provided the course is required to satisfy the requirements of and is offered by the educational or credentialing program in which the person is enrolled.

If hired between June 1, 2006 and May 30, 2008 under criteria #5 in 230.A

In order to remain as a PD after May 30, 2008 a person must meet the qualifications under 1-4 (4.a and 4.b).

Courses taken while working toward criterion 1-4 (4.a and 4b) may count toward hours of annual training provided the course is required to satisfy the requirements of and is offered by the educational or credentialing program in which the person is enrolled.

If hired after June 1, 2008

In order to be hired as a PD on or after June 1, 2008 a person must be qualified under 1-4 (4a or 4b)

PROGRAM DIRECTOR QUALIFICATION IMPLEMENTATION SUMMARY

If a person does not meet 1-4 when hired or while currently working (represented by yellow cells)					
before 6/05			meet 1-4a,4c	meet 4b	or working toward 1-4a @ 3sm/6qt hrs/yr
6/05-5/06		meet 4b	meet 1-4a,4c	Working toward 1-4a at 6sem/9qt hrs/yr	
6/06-5/07			meet 1-4		
6/07-6/08			meet 1-4		
6/08-after			meet 1-4		
	By 6/1/05	By 6/1/06	By 6/1/07	By 6/1/08	By 6/1/09 and Beyond
As of June 1, 2008 you can no longer be PD without qualifying under 1-4 unless you are taking 3 sem hrs or 6 qt hrs per year of college credit related to children until meeting 1-4a (4b by 6/1/09)					
As of June 1, 2008 you can no longer be PD without qualifying under 1-4 unless you are taking 6 sem hrs or 9 qt hrs per year of college credit related to children until meeting 1-4a (4b by 6/1/07)					

APPENDIX B

Surfacing Chart

THE NATIONAL PROGRAM FOR PLAYGROUND SAFETY – SELECTING PLAYGROUND SURFACE MATERIALS COMPRESSED LOOSE FILL SYNTHETIC MATERIALS DEPTH CHART

Height of Equipment	Pea Gravel			Sand			Wood Chips			Shredded Rubber			Engineered Wood Fiber			Poured in Place			Rubber Mats/Tiles		
	6"	9"	12"	6"	9"	12"	6"	9"	12"	6"	9"	12"	6"	9"	12"	1"	2"	3"	1"	2"	3"
1'	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
2'	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
3'	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y
4'	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y
5'	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y
6'	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	N	Y
7'	N	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	N	Y
8'	N	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Y	N	N	N	N	N	Y

*Based on depth test results conducted by NPPS or manufacturers' literature. Note that the loose-fill results are based on materials tested in a compressed state.
Y=Yes, it did meet CPSC recommendations for this critical height. N=NO, it did not meet CPSC recommendations for this critical height.

¹Description of Loose-Fill surfacing Materials included in Chart 1 Prior to the selection of materials to be tested, an attempt was made to provide a uniform selection criteria for common loose-fill surface materials. Therefore, one readily available sample was selected in each of the following categories: Sand, Gravel, Wood Chips, Engineered Wood Fiber, and Shredded Rubber. The exact selection criteria for each of these materials are described below:
Sand - ASTM C-897 Plaster Sand •Shredded Rubber - rubber particles produced from recycled materials •Engineered Wood fiber - random-sized engineered wood fibers from recognized hardwoods •Wood Chips - random sized wood chips, twigs, and leaves collected from a wood chipper being fed tree limbs, branches, and brush •Gravel - rounded gravel particles not greater than 3/8" maximum or nominal size which are washed, free of dust, clay, dirt, or foreign objects.

Figure 3

USE ZONES FOR EQUIPMENT

EQUIPMENT	USE ZONE REQUIREMENT
• Stationary Equipment	Six feet on all sides of the equipment
• Slides	Six feet on all sides. Four feet plus the height of slide in front of the slide chute
• Swings	Six feet on each side. Twice the height of the swing beam in front and back of the swing

Use Zone: The final element that helps decide if the appropriate surface is present is the determination of the placement of the surfacing under and around playground equipment. The *CPSC Handbook for Public Playground Safety* defines these areas as use zones.

Figure 3 presents the requirements for use zones as outlined in the CPSC handbook.

The basic use zone is six feet. However, because children move off swings and slides in different ways than other equipment, the use zone is expanded to provide a longer safety zone. For instance, if a swing beam is 8 feet high, then the use zone extends sixteen feet in front and sixteen feet in back of the swing beam to accommodate children who might jump out of the swing seat while in motion.

APPENDIX C

CRITERIA FOR PROVIDER TRAINING

Virginia Department Of Social Services

Division of Child Care and Development

There are training requirements for directors/administrators and staff in licensed programs/facilities. These criteria are to be used as general guidelines in determining which training should be counted toward meeting the requirements as set out in the program regulations.

To promote the effectiveness of training efforts by licensed facilities, it is recommended that licensed programs/facilities:

- carefully assess the needs of trainees upon employment and at least annually thereafter;
- review and document the reputation and skills of the facilitator, trainer, and/or the company selling the materials;
- assure the fit between the trainees and the facilitator, trainer, or training method; and
- design/plan further training or retraining based on job-performance observations.

Whenever possible, evaluation of participants should be built into the training. At a minimum, there should be a demonstration of knowledge and when appropriate a demonstration of competency in performing the skills presented in the training. The director/administrator or licensee should look for the knowledge and skill gained from training to be successfully applied on the job, as will licensing staffs during inspections.

In selecting a trainer, facilitator, training materials or correspondence courses, the following should be considered:

1. The training topic should be applicable to the individual's job functions and the population that the individual serves. For example, it is not appropriate for an individual who works solely with infants and toddlers to receive credit for attending training geared toward school-age child care.
2. Training content should not be in conflict with the program regulations. For example, it is not appropriate for training content to teach methods of behavior control which include corporal punishment when these are prohibited by program regulations.
3. All training requirements specified in the standards must be met. For example, some standards may require a certain curriculum or an approved curriculum. The Medication Management training for adult programs must use the curriculum approved by the Board of Nursing. Other standards may set requirements on the trainer's qualifications. For example, training for the use of restraints in assisted living facilities must be provided by a licensed healthcare professional.

4. The training level selected (basic, intermediate, or advanced) should be appropriate to the individual's previous education and experience.
5. The training should be conducted by an individual with verified expertise related to the training topic. Verified means documentation exists confirming that the person conducting the training has education and/or experience in the training topic.
6. Training may be acquired through the following:
 - ✓ Accredited four year colleges or universities;
 - ✓ Accredited community colleges;
 - ✓ Conference workshops;
 - ✓ Instructor-led training including:
 - Training sessions conducted by the Division of Child Care and Development, The Division of Licensing Programs, other public or private agencies or organizations, provider associations, individuals or companies with verified expertise on the topic; or
 - In-service training offered by the licensed program/facility using an individual with verified expertise on the topic to conduct or lead the training;
 - ✓ Self-study programs including:
 - Training offered by the Division of Child Care and Development or The Division of Licensing Programs through such media as TV, audio, video, CD-ROM, web-based or books when the Division oversees the assessment materials and issues the certificate; or
 - Correspondence courses offered through print, TV, video, CD-ROM, books or web-based courses. The individual will maintain copies of all materials submitted to the sponsoring entity along with the certificate or letter of completion. Materials will be available for review by licensing staff upon request.

For child day centers - under the supervision of the director/administrator/training-education coordinator as long as the director/administrator/training-education coordinator has verified expertise on the course topic and can provide guidance as needed. The director/administrator/training-education coordinator should determine the number of training hours to be credited to the individual. The certificate or letter of completion should be issued by the entity sponsoring the course based on successful completion by the individual.

For family day homes - when a certificate or letter of completion is issued by the entity sponsoring the course based on successful completion of work by the individual. It is recommended that the individual complete the

study course with consultation and assistance from a colleague or mentor with verified expertise in the topic, although this may not be feasible at times.

- Use of audio, video tapes, TV, CD-ROM, web-based or books when used in in-service training, under the supervision of a facilitator with verified expertise on the course topic who can provide guidance as needed. The facilitator should determine the number of training hours to be credited to the individual.

7. Documentation of all training for each individual must include the name of the trainee, the title of the training, name of facilitator/instructor/training-education coordinator, documentation of the instructor's expertise, sponsoring entity, date of training, and number of contact/or credit hours of training or other documentation defined in specific standards.

[4/13/05 dao]